Annual Report 2012
Rahnuma-FPAP Committed to Changing LIVES

Rahnuma-FPAP
Largest Reproductive Health Service Delivery NGO
Advocating for Sexual Reproductive Health & Rights
Vision:

Rahnuma-FPAP envisions to lead a rights based movement using the holistic development paradigm which strengthens family well being, enables empowerment of women, supports youth and protects children.

Mission:

Rahnuma-Family Planning Association of Pakistan is committed to:

- Promoting Family Planning and Sexual & Reproductive Health as a basic Human Right in Pakistan.
- Providing sustainable and quality sexual & reproductive health and family planning information and services to men, women and youth, particularly the poor and rural segments, in partnership with government, NGOs and civil society.
- Improving access of people particularly of the poor, marginalized and socially excluded segments including women and the adolescents to SRHR and other services, enabling them to realize their long term development goals.
Message from

President, Rahnuma-FPAP

Ms. Mehtab Akbar Rashdi

It is a matter of great pleasure for me that devotion and commitment of our Volunteers and Management for revitalization of Rahnuma-FPAP has started showing brilliance and excellence, which we idealize and have always struggled for. This excellence and brilliance has been manifested as Rahnuma-FPAP moved from seventh to third position among IPPF’s highest performing Member Associations, in term of services delivery. Also, Rahnuma-FPAP was recently accredited for another five years by the International Planned Parenthood Federation (IPPF) after an extensive and stringent evaluation process.

It is also a matter of great pride for me that due to our extensive and persistent advocacy and lobbying efforts at the national and international level, Government of Pakistan has shown enhanced political and financial commitment at the London Summit on Family Planning (FP 2020) held in July 2012. Pakistani government actively participated in FP 2020 and pledged enhanced political and fiscal commitment for voluntary family planning program from current US $151 million in 2011/12 to nearly US $200 million in 2012/13.

Rahnuma-FPAP, a pioneer in Sexual Reproductive Health & Rights and Family Planning, one of the largest and oldest civil society organization, has committed with great responsibility to carry forward the holistic right based agenda in Pakistan through an integrated process of
networking and coalition building with all right based organizations and civil society instruments including media, professional associations, trade bodies and private sector.

MDG 5b Alliance, Comprehensive Sexuality Education Network, National Parliamentary Caucus, Champions of Rights Agenda in Parliament, Rahnuna-FPAP Media Network, PAPAC, Child Marriage Consortium and National Youth Network are among the few Civil Society Organizations networks, which we formed. These alliances and networks are a collective voice on key SRH related social issues in our society. These networks and alliances are also instrumental in advocacy, lobbying, awareness raising, pressure group formation and technical support.

The upcoming year poses new challenges as the recently elected political entities are taking over the reign of governments after a successful democratic transition, there is need to initiate a comprehensive dialogue and develop a working relationship to overcome the huge unmet need of Sexual Reproductive Health & Rights and Family Planning in the country. The Champions of Right Agenda in Parliament and National Parliamentary Caucus, of which most of the members have been re-elected, can be instrumental in this regard.

It is important that we focus and work together with provincial governments post devolution since most of the health and population related functions and responsibilities have been shifted to them. Provincial governments face issues such as competing interests, capacity and availability of financial resources. Rahnuna-FPAP looks forward to working with its partners towards making positive changes in the lives of the people of Pakistan.
Message from
Chief Executive Officer, Rahnuma-FPAP
Syed Kamal Shah

Established in 1954, Rahnuma-FPAP pioneered the work on Family Planning and Reproductive Health services in Pakistan. With over 1400 well trained staff, more than 118 service delivery points including nine hospitals, more than a hundred associated clinics and over two thousand private practitioners as partners, more than two thousand community distributors and eleven mobile services for outreach and about a thousand Trained Birth Attendants as part of the referral network of Rahnuma-FPAP is one of the largest national NGO working on Reproductive Health and Family Planning. We have a particular focus on youth, serving them through fifty Youth Resource Centers, Youth Friendly Services at our clinics and six Youth Help Lines. R-FPAP provides services to an estimated 10% of the population of Pakistan. With dedicated training centers in Peshawar and Lahore, we have extensive experience in training various cadres ranging from Traditional Birth Attendants to Policy Makers.

In 2012 we provided more than half a million Couple Years Protection and almost three and a half million Sexual and Reproductive Health services to the people of Pakistan. Bureau of Statistics of Pakistan (2011-12) reports R-FPAP as the only organization showing an increase in CYP achievement. With a focus on rural areas, an estimated 70% of our clients belong to the poor, marginalized and socially excluded group. Being an affiliate of International Planned Parenthood Federation (IPPF) we bring international quality of services to the people we serve. A recent survey shows that the cost of our services are acceptable to 98% of our clients and that 91% are fully satisfied with the
quality of our services. The accomplishment of our service delivery infrastructure has always been acclaimed internationally. In 2012, we moved from seventh to third position among IPPF’s 152 member associations.

We draw accessibility and legitimacy in the community through our fifteen thousand volunteers and sixty thousand supporters and promoters, who work with us at the grass root level and governance level. This allows us to work in most difficult areas including those where law and order situation does not allow other organizations to work.

In context of the international FP summit 2012, Rahnuma-FPAP undertook advocacy campaign with Pakistan’s government, CSOs, INGOs and media. Inclusion of MISP in all provincial disaster management authorities plans speaks for our dedicated Advocacy efforts. Advocacy against child marriage and for inclusion of comprehensive sexuality education in our national curriculum continued in 2012.

With Devolution/18th amendment, family planning and reproductive health has become a provincial subject. This translates into advocating with all provinces separately. We look forward to the continued support from our donors and partners.
Acronyms

AIDS  Acquired Immune Deficiency Syndrome
AJK  Azad Jammu Kashmir
APB  Annual Program Budget
ASHRH  Adolescent Sexual Reproductive Health & Rights
BCC  Behaviour Change Communication
BHU  Basic Health Unit
CBD  Community Based Distributor
CBO  Community Based Organization
CEO  Chief Executive Officer
CHC  Community Health Centre
CS  Contraceptive Surgery
CSO  Civil Society Organization
CYP  Couple Year of Protection
DDMA  District Disaster Management Authority
DIC  Drop in Centre
DL  Donor Liaison
EC  European Commission
ECP  Emergency Contraceptive Pill
EDO  Executive District Officer
EMIS  Electronic Management Information System
EPI  Expanded Program on Immunization
EXCO  Executive Committee
FGD  Focus Group Discussion
FHC  Family Health Clinic
FHH  Family Health Hospital
FPAP  Family Planning Association of Pakistan
FSW  Female Sex Worker
GBV  Gender Based Violence
GC  Girl Child
GoP  Government of Pakistan
HIV  Human Immunodeficiency Virus
IA  Internal Audit
ICAAP  International Congress on AIDS in Asia and the Pacific
ICPD  International Conference on Population & Development
IEC  Information, Education and Communication
IMR  Infant Mortality Rate
IPPF  International Planned Parenthood Federation
IRC  Information Resource Centre
IUCD  Intra Uterine Contraceptive Device
LFA  Logical Framework Approach
LHV  Lady Health Visitor
LHW  Lady Health Worker
LSBE  Life Skills Based Education
MCS  Mobile Contraceptive Services
MDGs  Millennium Development Goals
MER  Monitoring, Evaluation and Research
MIS  Management Information System
MISP  Minimal Initial Services Package
MMR  Maternal Mortality Rate
MNCH  Maternal Neonatal Child Health
MO  Medical Officer
FMO  Female Medical Officer
MoH  Ministry of Health
MoPW  Ministry of Population Welfare
MoU  Memorandum of Understanding
MSU  Mobile Service Unit
MVA  Manual Vacuum Aspiration
NAs  Northern Areas
NC  National Council
NCMPH  National Committee on Maternal and Neonatal Health
NDMA  National Disaster Management Authority
NEC  National Executive Committee
NGO  Non-Governmental Organization
NIC  National Identity Card
PAC  Post Abortion Care
PAP  Poverty Alleviation Program
PAPAC  Pakistan Alliance for Post Abortion Care
PDQ  Partnership Defined Quality
PHC  Primary Health Care
PIs  Performance Indicators
PLWHA  People Living with HIV/AIDS
PMD  Program Management Division
PMO  Program Management Office
PPAF  Pakistan Poverty Alleviation Fund
PPD  Program Planning Division
PPs  Private Practitioners
QAD  Quality Assurance Doctor
QoC  Quality of Care
RC  Regional Council
RCC  Regional Coordinating Committee
RD  Regional Director
RHC  Rural Health Centre
RTI  Reproductive Tract Infection/Rahnuma Training Institute
SAA  Social Analysis & Action
SARO  South Asia Regional Office (IPPF)
SDPs  Service Delivery Points
SPOs  Standards Operating Procedures
SRH  Sexual Reproductive Health
SRHR  Sexual Reproductive Health & Rights
STDs  Sexually Transmitted Diseases
STIs  Sexually Transmitted Infections
TBA  Traditional Birth Attendant
ToT  Training of Trainers
UNDP  United Nations Development Program
UNFPA  United Nations Population Fund
VCTC  Voluntary Counseling and Testing Centre
WE  Women’s Empowerment
YRC  Youth Resource Centre
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The year 2012 is a remarkable year for Rahnuma-FPAP as it is full of many worthwhile achievements both in the area of service delivery and advocacy for sexual reproductive health and rights.

Rahnuma-FPAP is the first organization that started the family planning movement in Pakistan. The report takes a look at the history of the organizations and records the major milestones covered to reach its present position, from a single room operation the organization has grown into the largest NGO in the country providing Sexual Reproductive Health related services to the marginalized communities in cities as well as far flung areas. The reports for the first time documents the geographic spread of its service delivery points along with information about its major operations and the policies which govern it. Rahnuma-FPAP has a huge network with Family Health hospitals, Family Health Clinics, Private Practitioners, Model Clinics and mobile units etc. We have some service outlets, there is Youth Resource Center, youth helpline and most
of our service delivery outlets offer youth friendly services. We continue to improve the quality of work by following international Quality of Care standards and by focusing on marginalized and vulnerable communities. During the year 2012 all the above mentioned services were delivered with the conscious efforts to improve access to information and knowledge on family planning and Sexual Reproductive Health & Rights.

Rahnuma-FPAP follows an all-inclusive approach of the ICPD in its programme and believes that without women empowerment the goals of universal excess to family planning and SRHR services are unachievable. Multiple programs aimed at empowerment of women were initiated by Rahnuma- FPAP in year 2012 the three Kato Women Development Centers are serving as a hub to provide a variety of skill development initiatives to young girls and women and another program called Poverty Alleviation Program (PAP) is operative at seventeen locations across the country. Gender based violence counseling service center is also working in the regions for women. The report also provides a brief summary of these programs.

In the section on advocacy we briefly documented our efforts in the year 2012. The Policy advocacy and action advocacy is a cross cutting thematic focus of our program. During 2012 it remained at the forefront to enhance the level of knowledge and information of policy makers, opinion leaders, and volunteers, NGOs/CBOs and media people for its various advocacy campaigns.

Another main activity during the year 2012 was the visit of DG IPPF in the backdrop of International London Summit on Family planning. Rahnuma- FPAP being a champion of SRHR in Pakistan undertook robust advocacy and lobbying campaign along with leading national and internationals CSOs for enhanced political and financial commitment of Pakistani leadership for Family Planning Programs. Details are available in the report about the visit, its findings and results.

Main advocacy hallmark achieved during the year 2012 was inclusion of MISP in the SOPs of National Disaster Management Plans and Provincial Disaster Management Plans to better protect the mothers and new born. Rahnuma-FPAP through its CSOs alliances and Coalitions like MDG 5b Alliance, Child Marriage Consortium, and Comprehensive Sexuality Education Alliance remained instrumental and focal in streamlining and strengthening Advocacy and Lobbying endeavors at the national and provincial/ regional levels. Furthermore, the Vision 2020 and the Pakistan commitments about Vision 2020 are also given in the report. These campaigns are ongoing and will continue till we achieve our goals and objectives of changing the lives of the poor and marginalized.

Furthermore, the detailed information and the progress during the year 2012 are provided in the report such as WARHI, PPAF, SRH and HIV integration.

A number of Researches and evaluation studies were conducted in the year 2012. In addition, policy advocacy material was also developed for the guidance of the policy makers. We have listed all the material in the segments called Researches and publications. These are all available on our website for easy access.

Last but not the least is our service statistics. Every year we increase the number and quality of our services, every year we touch more and more people and will continue to do our best.
Largest Reproductive Health Service Delivery NGO
Family Health Hospital:

FHHs act as referral hospitals for their community-based static and mobile service delivery centers and operate as one-window operation. Informed choices and Quality of Care (QoC) are the hallmark of its services. Highly qualified medics and paramedics based FHHs are providing services ranging from safe motherhood to early diagnosis of cancers. Head Office provides technical guidance and facilitation regarding medical standards and policies to the FHH and ensures that FP & RH services are up to highest Medical Standards. The objective is to provide technical and operational assistance, multi-level facilitation in establishing referral network, capacity building of medics, developing of information material and maintaining professional environment.
**Family Health Clinic:**

Family Health Clinic is the basic building block of Rahnma-FPAP's services delivery network. These are community-based centers handled by LHV's and assisted by community motivators.

Rahnma-FPAP started the project in 1969 to cater for the needs of marginalized and underserved communities of rural areas and urban slums. In 1998 their service capacity was enhanced by including laboratory tests. The volunteers generate public support for FP & RH services through a network of TBAs, CBDs and satisfied clients.

FHC acts as the first referral base of service delivery system; it refers the clients to FHH. It is also supported by mobile teams. At present Rahnma-FPAP has a network of FHCs providing services to masses at their doorsteps on affordable rates.

FHC project is operative in all provinces of Pakistan. They are providing defined range of contraceptive services to the clients of marginalized communities and underserved population. These clients are referred for contraceptive surgery and other specialized treatments to nearby FHHs. They offer simple laboratory tests and their environment is client friendly and the quality of care is observed strictly. Regular on-job training is provided to FHC staff to improve their professional skills.

**Model Clinics:**

Model Clinics provided back support to all service delivery points. These hospitals and clinics are equipped with state of the art equipment and extend complete range of FP and SRH services including male sterilization. A comprehensive package of diagnostic facilities has also been offered at these service delivery points ranging from simple laboratory services to X-rays and ultrasound facilities.

**Private Practitioners:**

Private practitioners form part of R-FPAP system of referral network. R-FPAP provides Private Practitioners trainings, low cost family planning commodities and assistance in maintaining quality standards.

**Community Based Distributors:**

These include shop keepers, registered hakeems and traditional birth attendants. These function as an important source of referred clients and distribution of FP methods.
informal/formal education and recreational activities to improve and raise the mental level of understanding and standard of living of MSW, Hijras (transgender) to inculcate among them the sense of self-esteem.

DIC can provide privacy and confidentiality to FSW, MSW and Hijras. These points can provide supply of condoms and lubricants to them and can extend treatment and precautions which need to be taken care of during sexual contacts.

**Youth Resource Centers:**

Rahnuma-FPAP operates 50 Youth Resource Centers (YRC) across the country. The purpose of this activity is to provide a platform for youth. These Youth resource centers are a physical place where adolescents and youth come together, explore common activities, and discuss common problems and issues. Every YRC have Youth groups comprise of youth aged between 15-24 years of age. These groups are established at all YRCs. These groups are working actively to create awareness among their community about various issues. These YRCs are also the outreach mechanisms for providing SRH and other information and services to young people. In 2009 these YRCs were also strengthened to provide high quality youth friendly services with referral mechanisms for comprehensive Youth friendly services. YRCs provides facilities to encourage young people to take part in activities. These facilities include includes TV, DVD CDs, Movies/Documentary, Computers, Sewing Machines, Indoor games, Outdoor games, Provision of computers with internet & Telephone connection etc.

**Mobile Contraceptive Services:**

Mobile Contraceptive Services Project was introduced to cover the far-flung areas and hinterland to serve poorest of the poor and marginalized communities in 1986. MCS has been specially designed to meet the needs of geographically isolated areas where transportation facilities are scarce and services are not accessible easily. Besides distributing Oral Pills, condoms, injectable contraceptives, primary health care and general SRH services are also provided. IEC materials are also distributed. Cases requiring specialized care especially contraceptive surgeries and referred to FHHs. Mobile camps are facilitated by TBAs, that provides a good number of referrals. Lady Health Workers of National Program for FP and PHC work in close collaboration to MCS project.

**Drop in Center:**

Drop in Center provides a mix of services including, primary health care, RH, FR, Psychosocial & Psychosexual counseling services. Produce referral for Voluntary Counselling and Testing of HIV and AIDS. Provide space and environment for
Youth Help Line:
A project appropriately named “Youth Help Line” (YHL), with the support of the Johns Hopkins University Communication Center, was initiated in 2001 to reach out to young people in Pakistan’s conservative milieu. The Rahnuma-FPAP became the foremost coordinating agency for this project, commissioning the venture from six of Pakistan’s largest cities. This Toll Free help number 0800-44488 is available in Quetta, Karachi, Lahore, Islamabad and Peshawar. For Gilgit/Balistan, 05811-920334 is housed in the premises of the Family Health Hospitals/static clinics.

Youth Friendly Services:
In order to cater to the needs of young people, Rahnuma-FPAP piloted Youth Friendly Services in six of its Family Health Hospitals in Islamabad, Lahore, Gilgit-Baltistan, Karachi, Peshawar and Quetta. In each Family Health Hospital, a separate waiting area has been established for young people and all the staff is trained in provision of youth friendly services.

In order to make the services youth friendly, special emphasis has been placed in choosing the location of the waiting area that has a separate entry and exit point from the hospital. The waiting area is also equipped with TV&DVD to show documentaries/videos on youth SRHR issues. Magazines/Journals, newsletters are also made available for youth. Attractive sign boards about the SRH services are placed at the facility to guide the young people about the services. Male and female doctors and youth counsellors are available to provide comprehensive SRH services.

KATO Women Development Centers:
Multiple programs aimed at empowerment of women are underway by Rahnuma FPAP. Three Kato Women Development Centers Quetta, Haripur and Azad Jammu and Kashmir, are serving as a hub to provide a variety of skill development initiatives to young girls and women. In addition, need based skills trainings were conducted at the KATO Centers.

KATO Centers are providing an effective platform for marginalized women of these underserved areas to learn and market their skills leading to enhancement of their economic status in families. This has proven to be an effective strategy in reaching out to women who otherwise would be inaccessible and 3500 women have benefited.
Quality of care at all service points:

Delivering a high quality standards of care services to all clients, wherever they are, is a fundamental principle of IPPF’s work. Good quality of care enhances clients’ satisfaction and their use of services. It increases job satisfaction and motivation among service providers, and it leads to greater sustainability of services.

IPPF promotes good quality of care by ensuring clients have the right to information, access to services, choice, safety, privacy and confidentiality, dignity and comfort, and continuity of services and opinion.

To fulfill clients’ rights, the needs of service providers must be met as well. These needs include: training, information, infrastructure and supplies, guidance, respect and encouragement, feedback and opportunities for self-expression.

Client’s satisfaction is a key indicator of Quality services provided and provider’s attitude towards clients. This is observed through Exit interviews of the clients. Informal interviews are the opinion and information of people other than clients of that SDR. Self-assessments of the service facility identify the gaps in service delivery and infrastructure. Focus Group Discussions provides feedback from the clients about the quality and standard of the FP and SRH services extended by SDPs. All these tools are regularly used at SDPs, and help Rahnuma-FPAP improve the quality of services.

Also Medical audits of FHHs are regularly conducted. This activity conducted by the head office helps identify the gaps in services available and short falls of infrastructure. Check lists for medical supplies, infrastructure maintenance, store, operation theater, waste management etc. helps in smooth functioning of facility.

Quality Assurance Doctors provide support, guidance and hands on training regarding effective counseling techniques, infection prevention, nutritional advice, record keeping, community mobilization, basic laboratory tests etc, to the service providers.
Service delivery network of Rahnuna-FPAP has facilitated its clients and outreach communities in Safe Motherhood services by extending ante-natal, natal and post-natal examination services at its respective outlets. Management of post abortion complications, viral and communicable diseases is also provided at service delivery points. Immunization services are extended as per GOP EPI program for adults and children, services of Tetanus Toxoid immunization to pregnant women through ante-natal care which can contribute in reduction of MMR and IMR as a whole.

Counseling services are basic building block of all Sexual Reproductive Health & Family Planning services provided at our service outlets, where special emphasis is given to counsel the mothers and expected mothers regarding maternal and child nutrition, immunization, breastfeeding, early diagnosis regarding STIs, RTs, VCT, HIV and AIDS, early detection of breast and cervical cancers by self-examination, Pap smear examination.

Developed, updated and disseminated IEC material through service delivery points, RHE and community meetings. Quality of Care protocols strengthened and is used system wide for regular monitoring of services in Rahnuna-FPAP service delivery system.

Capacity development and value clarification workshop of technical and managerial staff and volunteers was organized. Appropriate resource mobilization carried out regarding improved services to poor and marginalized men, women and young people.

Linkages are strengthened during 2012 to enhance and improve the diagnostic laboratory services, development of referral linkages for training and advance diagnosis. During 2012 more linkages are developed and strengthened with civil society organizations and other service delivery organizations for the promotion of services at Family Health Hospital and Family Health Clinics level. Trained Birth Attendants, Family Planning Representatives and Community Based Distributors are mobilized to enhance the scope of services through these upgraded clinics.

Regarding the outreach services, bi-monthly visits of doctors/LHVs to communities in the vicinity of SDPs is now the part of our core activities and services during 2012. It is expected that it will help to generate more clients for Sexual Reproductive Health services at Rahnuna-FPAP outlets in future.

To strengthen the quality of care component and to ensure maintenance of Quality of Care standards of service delivery through Rahnuna-FPAPs service delivery points, trainings and refreshers on Quality of Care are conducted, that based on the shortfalls identified during medical audits and scoring of service delivery outlets by Head Office and by QAD. In this regard monitoring visits, exit interviews, self-assessment, internal assessment and external assessments of SDPs were conducted as core activity in 2012. Refreshers were organized for skill enhancement and capacity building of staff including doctors, Lady Health Visitors, Trained Birth Attendants, Midwives, Family Planning Representatives, Lab Technicians, field support workers and motivators on gender sensitive and rights based approaches and services. It helped to increases the scope of improvement in Family Planning & Sexual Reproductive Health & Rights services, STI diagnostic and treatment services, strengthening of youth friendly services and to introduce male services in more family health service outlets.

In 2012, peer education strategy has been used to strengthen the male Sexual Reproductive Health services and enrolled men and male youth in support groups on Sexual Reproductive Health & Rights in all regions. The active involvement of Community Organizers and Community Based Distributors in condom distribution at male Sexual Reproductive Health clinics enhanced the clientele and increases the demand for Sexual Reproductive Health services.
Supporting Access To Family Planning And Post-abortion Care In Emergencies

Rahnuma-FPAF with the collaboration of Care International Pakistan launched the project “CARE’s WARHI (Women and Reproductive Health Initiative)”, the purpose of this project is to reduce unintended pregnancies and deaths from obstetric complications, including unsafe abortion, through the integration of essential reproductive health Services. WARHI focused on integrating the minimum initial service package (MISP) into CARE’s emergency response programming and also strengthening reproductive health programming in Pakistan.

It also set a standard for improving the lives of other women and their families both in and outside those countries as we develop and share good practices as well as work with others to advocate for increased integration of the MISP, with a focus on family planning and post-abortion care. The project focused organizational structures and processes to improve reproductive health outcomes, strengthen health systems and reduce barriers to utilization of quality reproductive health services.

During the reporting year 2012 the achievement of the project life is, total 937 women received abortion-related services while the total 18,888 new Family Planning users have been enrolled in the project life. Post-abortion contraceptive uptake remained high at 95 percent and 2,484 Family Planning methods delivered among delivery/post-partum clients.

More than 100 service providers have been trained on MPA, TIA, Modern Methods, Long term permanent methods, Medical Abortion and Data for decision making. Total 64,936 community members have been sensitized through SAA (Social Analysis & Action) and PDQ (Partnership defined Quality).

The project also provided contraceptives, medicines supplies and necessary diagnostic services for smooth functioning of FHCs. At the same time, effective training and monitoring framework ensured the quality of service provision to poor and needy communities. The Quality of Care is being ensured at all CHCs through visits of Quality assurance Doctors/Health Coordinators.

Total 49 Service delivery points including 43 CHCs and 6 BHUs were supported from this project. Around 1000 clients are daily provided healthcare information and services at PPAF supported clinics.

Clientele has been increasing by more than 30% annually, on average. Satisfied clients referred the new clients to these service delivery points. Provision of specialized Post Abortion Care started at all clinics, along with Primary Healthcare and Family Planning services being delivered already. 150 LHV’s were trained through the series of three days capacity building workshops and 30 Dais received 15 days training workshop on RH and FP. Total 324 mobile camps were conducted in the target area during the project life and total 12960 beneficiaries benefited from mobile camps. 1301 community awareness sessions on SRHR issues, Health and Hygiene, Nutrition for Pregnant Women, HIV/AIDS, Infertility, Rapid Population & its effects, Male Involvement in Family Planning, Domestic violence, Breast cancer and STI/STD were conducted by the LHV/FFW and information provided to participants. Total 28876 male and female community members attended these sessions.

Sustainability element for these centers had been built in the planning and implementation of these projects. A reasonable and affordable fee is charged for every service provided, that is deposited in the sustainability fund of these centers. This was the reason that despite completion of the project period and thus discontinuation of the financial support from PPAF, almost all of the CHCs are still operational and providing services.
The services provided during the project in these medical camps were maternal and new born and child health, family planning, health and education promotion, nutrition of children, pregnant mother, control of communicable diseases (Participation in the Disease Early Warning System), counseling, control of non-communicable disease, first Aid coverage and pharmacy/drugs management. In this regard 104 medical camps were arranged in the targeted UCs of the District Rajanpur.

A total of 104 medical camps were arranged in the targeted UCs of the District Rajanpur. There were TWO medical teams for conducting medical camps, each team was consist of 08 members in all; among of them 01 MO, 01 FMO, 01 LHV, 01 dispenser, 01 attendant, 02 health and hygiene promoters (01 male and 01 female) and 01 male SO. All necessary arrangements had been completing a day prior to the camp day. One day prior to the camp day; the social organizers had been announcing in the local mosques, conducted sessions and distributed leaflets for awareness of the people. The Medical Camps established on specified date according to the schedule. The medical camps had been starting at 10.00 a.m. and continued till 4.00 p.m. Two doctors (one male/one female) had been present to examine the patients. The patients had been providing medicine according to the prescription of doctors. The MMC project had been much conducive to the community and the review of progress on daily basis could depict that the project had positive impacts by its nature and worth. A village based committee had been formed in village to identify and also solve the health and civic problems in their areas. The community adopted and had learnt how to refer their patients. Development in behavior and focus on health and hygiene practices. The impacts of the project can be measured and categorized also in qualitatively and quantitatively.

Rahnuma involved the community in implementation of the project. Prior to implementation of the project activities, community level meetings/FGDs were held in the whole project area, in which people from all walks of life were invited to participate. These were named as Village Development Committees (VDC). Its formation was based on 05 community members in all (03 male and 02 female); Women participation was specially focused and highly appreciated. In these meetings, the people were informed about the project and they were asked to extend their cooperation for smooth implementation of the project and possible mutual efforts for future as well. This approach helped in increasing their sense of ownership, determination and commitment during the project duration. Total VDCs which were formed in the target area were 76; in Umer Kot 17, Meeran Pur 03, Rojhan, Uznam 02, Fateh Pur 17, Bukhara 12, Haji Pur 17 and Muhammad Pur 08 accordingly.
Special Focus on
Adolescent & Youth
In line with its strategic direction of empowering youth, the program continued with its multi-pronged efforts towards increased access to services by youth and women and policy advocacy to facilitate the same at a larger scale. Four main strategies were employed for the purpose:

- Increasing access to an essential package of youth friendly SRH services.
- Increasing access to comprehensive, gender-sensitive, rights-based sexuality education for young people.
- Policy advocacy to prioritize the sexual and reproductive health needs of young people. (For details go to the advocacy section).

**Increasing access to an essential package of youth-friendly services:**

Standardized guidelines for the provision of Youth Friendly Services were developed through a consultative process with the Government Ministries of Education, Youth Affairs, Health and Population Welfare; Civil Society members working on SRHR like World Health Organization, Plan Pakistan, Aahung, Rozan, United Nation Population Fund (UNFPA), Sahyl, WPF; Rutgers, Chanan Development Association, Care International In Pakistan, and youth volunteers from Rahnuma- National Youth Network (RNYN).

**Youth Resource Centers:**

Rahnuma- FPAP operates 50 Youth Resource Centers (YRC) across the country. The purpose of this activity is to provide a platform for youth. These Youth resource centers are a physical place where adolescents and youth come together, explore common activities, and discuss common problems and issues. Every YRC have Youth groups comprise of youth aged between 15-24 years of age. These groups are established at all YRCs. These groups are working actively to create awareness among their community about various issues. These YRCs are also the outreach mechanisms for providing SRH and other information and services to young people. In 2009 these YRCs were also strengthened to provide high quality youth friendly services with referral mechanisms for comprehensive Youth friendly services. To cater the young girls and boys YRCs provides all facilities to encourage young people and local groups to take part in activities which includes:

- Provision of computers with internet & Telephone connection
- Establishment of 9 Youth Helpline Corners at different YRC telephone connection made available and privacy ensured.
- The youth visited the YRCs can avail the facility of calling the helpline counselors for the consultation of any SRH issue.

**Capacity Building Sessions:**

Capacity building sessions for volunteers/peer educators on SRHR issues, life skill Base education, HIV/AIDS, health & hygiene and nutrition, CSE session

**Trainings:**

Conduct need based skill trainings including grooming, computer basic skills, stitching, repairing of home appliances, decoration making with dough etc.
Youth Help Line:
The Youth Help Line (YHL), with the support of the Johns Hopkins University Communication Center, was initiated in 2001 to reach out to young people in Pakistan's conservative milieu. The FPAP became the foremost coordinating agency for this project, commissioning the venture from six of Pakistan's largest cities. This Toll Free help number 0800-44488 is available in Quetta, Karachi, Lahore, Islamabad and Peshawar. For Gilgit/Balistan, 05811-920334 is housed in the premises of the Family Health Hospitals/static clinics.

Objective:
The purpose of the project is the provision of a secure and confidential gateway for young people to access information regarding problems associated with adolescence particularly regarding reproductive health issues and to provide counseling and guidance to those who seek help. In other words, the goal of the Youth Help Line Network project can be stated as follows: “To provide youth (men and women) with convenient, confidential, interactive and compassionate access to information, counseling and referrals on Sexual Reproductive Health (SRH) and other youth related problems”. The primary clientele of the YHL are all young people between 15 to 24 years and above. The secondary audience includes parents, teachers and community members.

With the maintenance of confidentiality as its cornerstone, the salient features of the YHL were: counseling on toll free telephone lines, provision of trained psychologists to resolve callers’ problems, provision of the service to a larger clientele, provision of referral services, ability to cater to the needs of the destitute, ability to deal with a large variety of issues.

The working structure of YHL consists of: Counseling Services face to face counseling, Record Management and Rack sheet Maintenance, Referral Services and Case Management. Each segment is designed to play an essential role in the over-all operation and management of the project.

- Development of the software for data entry. This software is designed to help data collection from all six YHL locations without any hassle and delay and facilitate timely reporting and validation of data at Head Office.
- Develop the promotional radio messages and on air through different radio channel throughout the country the purpose of this promotional campaign was to publicize the Helpline number and increase the number of callers.
- Development of promotional materials such that brochures, mugs with SRHR and counseling information were also developed and used as advocacy tools to empower youth.

Outreach to a diverse range of youth increased as a result of this service. The helpline can be accessed by in school youth, youth in the communities, out of schools youth, child labourers, youth in jails etc. It helped the organization to evolve its stance and approach to deal with youth SRHR by adopting more versatile approaches. The helpline provides an opportunity to youth from any background, social status, marital status, gender, educational status to access free of cost information at a time and place convenient and comfortable to it. Thus the program has adopted a dual strategy to reach out to the youth by going in the communities and schools and conducting awareness raising sessions there and at the same time allowing the youth to approach the organization itself in the most convenient manner.

Over the past decade almost 60,000 young callers have benefited from the helpline service through information, counselling and referrals. The young in the target communities are now more aware about Sexual Reproductive Health and rights, their confidence has improved regarding making informed choices in their Sexual Reproductive Health matters and a shift towards positive behaviour and rational thinking has been realized among the young.

Youth Friendly Services:
In order to cater to the needs of young people, Rahnuma-FPAP expanded its youth friendly services in three new districts namely, Mardan, Muzaffarabad and Chakwal. A separate waiting area has been established for young people, in one static clinic at each location. The waiting area is equipped with TV/DVD to show documentaries/videos on youth SRHR issues. IEC material on SRHR, child marriage, youth SRHR issues, youth rights, magazines/journals and newsletters are also made available for youth. For the benefit of young people Rahnuma-FPAP's child and youth protection policy, no refusal policy, youth SRHR rights and referral lists are displayed in each youth friendly space. Suggestion boxes are also placed visibly for the young people where they drop in their suggestions and queries.

Provision of doctors and youth counselors for comprehensive SRH services was also
counseling methods and techniques specifically while responding to adolescents/young people through youth helpline counseling. Consultations with the government to institutionalize youth-friendly guidelines within the public health care system aligning with national protocols are continued.

The young people also have access to the voluntary counselling and testing (VCT) centre, HIV & AIDS/STI, post-abortion care related services and laboratory services provided at the hospital for both married and unmarried youth. Based on past reflections and lessons, Rahnuma-PPAP has shifted timings of the services for young people to evenings, engaged more actively with young people, increased its outreach to young people through mobile camps in the communities and schools/colleges etc. Services provided through the mobile camps include, primary health care screening, counseling and treatment; individual counseling sessions on SRH & HIV; treatment and/or referral in case of STI complications or VCT requests; emergency contraception, referral to its own hospitals.

Service providers and volunteers were trained on youth friendly SRH service guidelines. Based on these guidelines, protocols and handbooks were also developed and printed for service providers. Posters developed and printed on the guidelines, are being visibly displayed in all clinics, youth resource centers (YRCs) and youth friendly areas in the clinics.

A capacity building workshop was conducted on youth friendly services for service providers and the purpose of this training was to strengthen the skills and understanding of staff regarding Youth Friendly Services. A 5-days capacity building training on Counselling Skills for adolescent & young people was conducted to enhance the capacity of Services Providers on appropriate
Rahnuma-FPAP and
Its Evolution
 Familie Planning Association of Pakistan initiated efforts to contain population growth in 1953 and in order to strengthen the movement it became the tenth member of the IPPF London the same year. Sexual and reproductive health and rights including family planning enjoyed a central position of FPAP’s programs throughout the process of its evolution. In terms of service deliver model, organization introduced the concept of family health hospitals in 1958, family health clinics in 1969, private practitioner’s involvement in 1972, mobile contraceptive services units in 1986, deploying Health Guards, on the pattern of Bare Foot Doctors of China, in arduous hill mountains of Gilgit in 1987 and partnership with NGOs in 1996, leading to working with over 300 NGOs at a time.

'Access' is the most important priority area of Rahman-FPAP: organization not only develops service delivery outlets in static and mobile settings but also adopts all other means to increase the access of marginalized and underserved populations to these services. Starting from one room operations in 1950's the organization is now considered to be the largest service provider in the area of Sexual Reproductive Health & Rights and Family Planning in the non-governmental sector and its service delivery network is comprised of 113 Static Clinics including 9 family health hospitals, 11 Mobile Service Units, 199 Associated Clinics, 6 Toll Free Youth Help Lines, 50 Youth Resource Centres, 2163 private practitioners’ clinics (PPs) and 2468 community based distribution agents (CBDs).

Quality of Care has been a significant feature of service delivery throughout; however, it took the form of regular core project in 2002. The FPAP was the first organization to host sterilization to district and sub district level and it has crossed the sterilization performance figure of 512,005 up to 2012 in terms of CYPS. In cultural context, organization utilized the functioning of 'Kutcheries' (open courts of the feudal) in Sind and ‘Hujras’ in KPK. When government suspended its program after the fall of Ayub Khan Government, organization moved into industries to motivate industrial workers to adopt family planning and curb the population growth.

To expand the geographic coverage of the program, partnerships have been an important strategy of the organization, however, year 2002 was unique in this regard; Rahman-FPAP was the only NGO in Pakistan who started six year collaboration with Pakistan Army and Air Force and one year projects with Pakistan Railways and City Govt. Lahore. The AJK Project was outstanding achievement of 2003 for FPAP. It was the first area wise reproductive health and family planning program which was approved in a public sector development program and its implementation was outsourced to an NGO (FPAP). During 1998-2001 it also enrolled 100 NGOs from all over Pakistan and built their capacity and provided financial support to deliver SRHR services to the poor.

All social development interventions such as empowerment of women and youth (girl child and boys) and poverty alleviation programs were linked with service delivery and used as an instrument to create demand for services amongst marginalized and underserved populations; organization initiated youth program in 1973, women empowerment program in 1978 and poverty alleviation program in 1999 to empower women and adolescents through an integrated multi-sectoral interventions. Its flagship Gir Child Project started on 10 locations in the beginning in 1991 and ended in 2006 after one and a half decade, expanding to 750 locations all over the country. Organization has empowered, up to 2012, 663,150 women since 1978; 291,292 girls since 1990; and 1,573,987 boys since 1975. Since 2001, with Bank-NGO Model, organization has mobilized 178,271 p graft, majority being women, and loan worth of Rs. 1698.39 million was disbursed among them to start small businesses and economically empower them in order to enhance their access to reproductive health and family planning services.

From life skill education programs for adolescents, organization is now one ladder up, and engages in comprehensive sexuality education in schools and prevention of gender based violence, the most critical areas in the backdrop of socio-cultural norms of the society. Guidelines for youth friendly services have been developed and organization has upgraded some service outlets for the provision of youth friendly services to the youth. Rahman-FPAP has also achieved 20% youth representation in its constitutional bodies as well as established National Youth Network with its own constitution in place. Effective enforcement of Cr. PC 174-A a law enacted to punish the culprits of violence against women (burning) and reaching out to burn victims and the survivors of SWARA custom have been the major focus of the organization in the current decade.
Screening protocols and referral mechanism for GBV are now in place. Women and girls are screened and support is provided to GBV survivors including medical, psychosocial counseling and referral services.

 Efforts to eliminate unsafe abortion were started in 2002 and abortion related services were limited to the provision of post abortion care, counseling and the provision of contraceptive but in the last decade or so, the program design has introduced menstrual vacuum aspiration (MVA) and emergency contraception in the package and trained its doctors and service providers on these subjects. The MVA procedure is done under Para-cervical block and the women can go home the same day, it is less painful, acceptable, and cost-effective and the incidence of complications is lower than other surgical methods of evacuation.

As regards HIV/AIDS, FPAP launched its first awareness project in 1994 simultaneously with the launching of National AIDS Program of the Government of Pakistan. Organization implemented four projects before the HIV/AIDS was identified as one of the priority areas of the strategic plan (2004-09). FPAP’s HIV/AIDS work has expanded over time, work with key populations has been started such as FSWs and MSMs and VCT and DIC have been established. The PLHIV organizations have also been involved in the work and one staff member and one volunteer of the organization (member of the regional council) are HIV positive who are involved in planning, implementation and monitoring of HIV/AIDS related activities and liaising with other stakeholders.

During the second five year strategic plan (2010-14), with its basis on 5 As (Access, Adolescents, Abortion, Advocacy and HIV/AIDS) FPAP’s advocacy efforts geared up and converged on policy analysis and changes required to take the SRHR agenda forward in Pakistan. One of its objectives under this priority area was solely designed for this purpose. And in addition to this, one of the objectives of the adolescent program was designed to address the social customs like SWARA and child marriages issues and bring in amendments in the laws of the country to prevent compromise on the reproductive health status and rights of young girls that fall prey to these customs. Organization has also developed and become a member of various alliances/groups for this purpose such as Pakistan Alliance for Post Abortion Care (PAPAC), MDG 5b alliance. Country working Group on FP, formed by UNFPA, Country Technical Group for Post-Partum Family Planning, formed by JHPIEGO, Child Marriage Consortium, Comprehensive Sexuality Education Alliance and CSE Task Force, National Alliance Against Child Marriage.

Realizing the significance of the role of religion in family planning, the FPAP in 1972 engaged an eminent lawyer for a study ‘Law and Population’ which examined all major Islamic Schools of Thought; FPAP published a poster based on Quranic Verses at the time of Islamic Summit Conference in 1974 in Lahore leading to the development of four posters later on; in 1979, the FPAP took the initiative to involve religious scholars and leaders and republish a monograph on ‘Islam and Family Planning’ by the eminent religious scholar, first published in the sixties by the Institute of Islamic Culture Lahore and later on several times; in 1992 work with religious scholars and leaders was started and a dialogue was held with notable leaders from Deobandi, Barelvi, Ahle-e-Hadith and Isna Ashari schools of thought and seminars were held with religious notables at various locations in Pakistan. The FPAP published ‘Fatwa’ (religious edicts) of various religious authorities in 1992, printed/reprinted six times to date, in Urdu and translated into Sindhi and Pashto in 1993. By 1997, the FPAP put together a strategic nationwide intervention/project, ‘Islam and Family Planning’, which was based on experience gained in the past. Organization also represented and contributed at international forums/meetings under the auspices of Jamia Al Azhar University, Cairo, debating the link between Islam and family planning and shared its work with the international partners.

R-FPAP has also been on the forefront to provide education and health services to shelter less Afghan refugees especially women and children and reaching out to the earthquake and flood/ rain victims with emergency relief and rehabilitation services. Rahnuma staff is also well trained on disaster management from National Disaster Management Authority. Organization has also been successful in incorporating MISP in the SOPs of NDMP and Provincial DMAs. The MISP is a minimum standard in the 2004 Sphere guidelines and in the 2009 IASC Global Health Cluster Guidance as well as a CERF minimum life-saving criterion eligible for CERF funding. Rahnuma-FPAP is also the member of all UN clusters as well.

On the path to achieve its mission, Rahnuma-FPAP celebrated its 50th anniversary in 2004 along with SAR regional council meeting at Lahore. Representatives from seven SAR countries participated in the seminar organized for that purpose. The Punjab Governor Khalid Maqbool inaugurated the occasion. IPPF was represented at the level of President and Director General. FPAP’s work faces opportunities and threats in the provinces with the passing of the 18th amendment whereby Ministries of Health and Population have been devolved to provinces in 2011 and the population programs are grappling with the issues of political commitment and resource allocation.
Rahnuma-FPAP and Its Evolution

[1953-1959]
- **Message**
  - Caring attitude towards mother & child
- **Intervention/Services**
  - Salt, sponge, vinegar and foam
- **Infrastructure**
  - Single room operation at Karachi, Lahore and Dhaka
- **Beneficiary**
  - Women in need
- **Crosscutting Issue**
  - Advocacy amid strong opposition, arson and attacks.

[1960-1969]
- **Message**
  - Family planning motivation
- **Intervention/Services**
  - Condom, Vasectomy, Pills, IUCD
- **Infrastructure**
  - District Branches with Model Clinics & Information Centers
- **Beneficiary**
  - Men & women
- **Crosscutting Issue**
  - Advocacy amid vociferous opposition from clergy, staff hurled with abuses and pelted with stones

[1970-1979]
- **Message**
  - Integrated development approach with community participation
- **Intervention/Services**
  - Cafeteria choice of contraceptives in Static and Mobile setting and population education
- **Infrastructure**
  - Family welfare centres in peri-urban and rural areas
- **Beneficiary**
  - Organized labour sector, communities and youth
- **Crosscutting Issue**
  - Advocacy amid gifts and slogans like ‘child stoppers’ and ‘American agents’

[1980-1989]
- **Message**
  - Health rationale of family planning, safe motherhood, women development and environmental conservation
- **Intervention/Services**
  - Women in development approach, community involvement, quality of care, RH Extension services and Male Involvement
- **Infrastructure**
  - Zonal system
- **Beneficiary**
  - Reorganization from city based branch system to work units/decentralization for to underserved men, women and youth at grass roots level
- **Crosscutting Issue**
  - Advocacy

[1990-1999]
- **Message**
  - Holistic development paradigm
- **Intervention/Services**
  - Islam and family planning, girl child, women’s empowerment, men as partners, community mobilization and poverty alleviation
- **Infrastructure**
  - Family Health Hospitals, Focus Area Programmes and Community Units
- **Beneficiary**
  - Communities, adolescent girls and male youth, partner NGOs, army welfare project
- **Crosscutting Issue**
  - Poverty reduction amid fertility transition

[2000-2009]
- **Message**
  - Rights based Approach to Community Development
- **Intervention/Services**
  - Quality integrated reproductive health/family planning, HIV/AIDS services, abortion related services, violence against women, poverty, reduction, gender equity and equality, relief and rehabilitation service for disaster hit population, women empowerment, youth friendly services, men as partners programs, women markets and organizational restructuring focus on policy and laws
- **Infrastructure**
  - Family Health Hospitals, Family Health Clinics, Mobile Units, partner service outlets and Women Development Complexes
- **Beneficiary**
  - Marginalized women, youth and men, partner NGOs, partner organizations in public and private sector, HIV/AIDS infected and affected persons and families, Key Populations and vulnerable groups internally displaced population (IDP)
- **Crosscutting Issue**
  - Advocacy for rights based approach to development

[2010-2013]
- **Message**
  - Repositioning family planning on development agenda.
- **Intervention/Services**
  - Quality integrated reproductive health/family planning, HIV/AIDS services, abortion related services, violence against women, poverty alleviation, gender equity and equality, domestic violence and GBV, women empowerment, youth friendly services, men as partners programs, women markets and organizational restructuring, youth friendly services, comprehensive sexuality education, advocacy for changes in policy and laws, promotion of sexual rights, emergency relief and rehabilitation services for victims of floods/rains (disaster management) and promotion of sexual rights.
- **Infrastructure**
  - Family Health Hospitals, Family Health Clinics, Mobile Units, partner service outlets and Women Development Complexes, program management offices in Mardan and Mazzafargarh (Southern Punjab).
- **Beneficiary**
  - Marginalized women, youth and men, partner NGOs, partner organizations in public and private sector, HIV/AIDS infected and affected persons and families, Key Populations and vulnerable groups, Disaster hit populations.
- **Crosscutting Issue**
  - Advocacy for policy/law changes and for avoiding the implications of 18th Amendment (devolving ministries of health and population to provinces)
Advocacy for
Sexual Reproductive
Health & Rights
A series of advocacy events were organized to ensure Pakistan government’s participation in FP Summit 2020. DG IPPF and SARO were also involved in these events. As a result the government did not just participate but is one of the 16 countries who made solid commitments in the Summit.

Government of Pakistan actively participated in FP 2020 and expressed its strong commitment for working towards achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55% by 2020. Pakistan will take forward its 2011 commitment with the provinces for all public and private health facilities to offer birth spacing services. The amount spent on family planning, estimated at US $151 million in 2011/12 will be increased to nearly US $200 million in 2012/13, will be increased further in future years. The federal government assesses the contraceptive requirement as US $186 million over the period 2013 to 2020, which will be required to provide contraceptive services and will be included in the essential service package of two provinces in 2012, with the others following in 2013. Supply chain management, training and communication campaigns will be strengthened. Family Planning will be a priority for over 100,000 lady health workers, who cover 70% of the rural areas. Public private partnerships and contracting out mechanisms will help scale up access, and work with religious leaders and men to promote the benefits of birth spacing will continue.

The London Summit on Family Planning, commonly known as FP 2020 envisioned that voluntary family planning services will reach an additional 120 million women and girls in the world’s poorest countries by 2020 due to a new set of commitments announced by more than 150 leaders from donor and developing countries, international agencies, civil society, foundations and the private sector. The Summit underscored the importance of access to contraceptives as both a right and a transformational health and development priority. The commitments made at the Summit today will support the rights of women to determine freely, and for themselves, whether, when and how many children they have. Enabling an additional 120 million women in the world’s poorest countries to access and use contraception, something women in the developed world take for granted, will save millions of lives and enable girls and women to determine their own future. By 2020, the collective efforts announced will result in 200,000 fewer women dying in pregnancy and childbirth, more than 110 million fewer unintended pregnancies, over 50 million fewer abortions, and nearly 300 million fewer babies dying in their first year of life. The Summit has raised the resources to deliver contraceptives to an additional 120 million women, which is estimated to cost $4.3 billion. More than 20 developing countries made bold commitments to address the policy, financing and delivery barriers to women accessing contraceptive information and services.
Rahnuma-FPAP Initiative for Vision 2020

Rahnuma Family Planning Association of Pakistan in partnership with UNFPA, mobilized all major stakeholders including CSOs, Media, Public sector entities, parliamentarians to formulate a combined strategy to motivate Pakistan government to actively take part in the FP vision 2020 summit, organized at London in July 2012 and commit additional political and financial resources for SRH and FP. To further strengthen and augment Rahnuma-FPAP’s endeavor, Director General of IPPF - Mr. Tewodros Melese in his capacity as the Co-Vice Chair of the Stakeholder Group for the Family Planning Summit, carried out a two-day visit to Pakistan in June (4th and 5th) to mobilize Pakistan government for more resource allocation to overcome the huge SRHR and FP unmet need in country. He also held consultations with parliamentarians, government officials, media and civil society to assess the family planning situation in the country in preparation for the FP 2020.

Rahnuma- FPAP on the Steering Committee of CSOs Working Group for FP Summit 2012.

Rahnuma-FPAP along with International Planned Parenthood Federation, The Reproductive Health Supplies Coalition, The Family Planning Association of India, Bem Estar Familiar no Brasil, The UN Foundation, The Family Planning Action Group - Nigeria, Association Malienne pour la Protection et la Promotion de la Famille, Marie Stopes Ethiopia, Marie Stopes Ghana, Centro de Investigacion and Education Services and Equilibres et Population was part of Steering Committee of SCCs Working Group for FP Summit 2012 and this SC recommended some vital steps to be taken up during the FP Summit 2012.

MDG 5b Alliance carried out extensive Pre-Vision 2020 advocacy in Pakistan.

Rahnuma- FPAP to further augment its vision 2020 initiative had a series of consultative meetings at provincial/ regional and national level as the MDG 5b Alliance (a civil society alliance which actively work for the accomplishment of universal access to RH services till 2015). These consultative meetings formulated a country specific strategy and position paper for the upcoming visit of DG IPPF (June 3rd- 6th, 2012). These consultative meetings were participated by other MDG 5b Alliance members, parliamentarians, other CSO alliance and networks, including PAPAC, Youth Advocacy Network, IPAS Pakistan, INGOs among others.

These Networks and organizations through the platform of MDG 5b Alliance intended to mobilize Pakistani government for more resource allocations including financial and political for SRH and FP. The provincial governments due to lack of technical, political and fiscal commitments are unable to function and sustain these devolved departments/ministries. Population Welfare Department is among the most affected one as its financial allocations have drastically been reduced/stopped especially in Punjab (most densely populated province), Sindh (second largest populated province) and Baluchistan (highly backward and poorest province where MMR is significantly higher with higher FP unmet rate). Federal Government has pledged to reimburse the non-program cost of PWD till 2014 and suggested provincial governments to fund the program cost from their own resources but all provincial governments except KP has pledged some resources for Population Welfare Program. This poor and inadequate resource allocation has the implications for deteriorating progress of FP and MNCH indicators

Follow Up Meeting of the London Summit on FP 2012 (FP 2020).

The first Follow Up Meeting of FP 2020 was held in New York on September 17-18. Syed Kamal Shah Chief Executive Officer Rahnuma-FPA Pakistan participated as a member representing the South Asia Region civil society and at this follow up meeting, the recommendations of the summit, pledges of the donors, governments and civil society were discussed. The objective of this discussion was to share the significant contributions and outcomes from the London Summit on Family Planning, review the initial steps taken by the FP 2020, stakeholders to get and to discuss the important role of these consultations in moving forward.

Vision 2020 Main Priority areas

The post MDG framework is currently being discussed and we want with this document to contribute to its development. To this end, we call on governments to commit to reach 10 targets;

1. Establish by 2015 a new international development framework that includes sexual and reproductive health and rights as essential priorities.
2. Increase access to sexual and reproductive health and rights in order to close the gap between the top and bottom wealth quintiles by 50% by the year 2020.
3. Eliminate all forms of discrimination against women and girls to achieve de facto equality of opportunity for both women and men by the year 2020 and for this purpose IPPF calls on governments to Empower women economically, Expand educational opportunities for all. Reduce all forms of violence against women and girls, Respect, protect and fulfill all women’s human rights.
Rahnuma FPAP initiated advocacy campaign to include the Minimum Initial Services Package (MISP) for Safety & Health Women & Children in National and Provincial Disaster Management Plans in the beginning of 2012. The project was designed by Rahnuma FPAP to address lack of proper planning for women’s and children’s need in disaster situations based on its experience of working during flood and earthquake disasters of 2010 and 2005, it was funded by RAF (Research and Advocacy Fund).

It is documented that 70% of people affected during disasters are women and children; RH needs continue, in fact, increase during crisis; STDs/HIV transmission may increase in areas of high population density; lack of FP increases risks associated with unwanted pregnancy; Malnutrition and epidemics increase risks of pregnancy complications; Child births occur on the wayside during population movements and lack of access to comprehensive emergency obstetric care increases risk of maternal deaths.

Despite this evidence, a review of the policy documents of the national disaster management authority showed a strategic gap that the SRH needs of women and children in crisis and post-crisis situations had not been addressed adequately. It was considered that a single intervention that could fill this gap would be the MISP.

MISP is an umbrella package for women and children. It is an international minimum standard in the 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response. Implementing the MISP is not optional: It is an international standard of care that should be implemented at the onset of every emergency.

It prevents loss of life and disability among women and children in emergencies, reduces spread of HIV, prevents sexual harassment and violence against women and it can be implemented immediately without needing an initial assessment survey.

Initially the project focused on advocacy with the NDMA. This was done through development of several resource materials and sharing it with NDMA officials during various meetings. However due to bureaucratic red tape and hurdles that should be anticipated in any advocacy project, only limited progress could be made. The authorities agreed to the concept but formal commitment, policy formulation and translation into practice remained elusive.

This led to some re-thinking and re-strategizing. We changed tactics and converted the hitherto top-down strategy to a bottom up one. Thus energies were diverted to the provincial disaster management authority in Punjab to begin with. Contacts were developed and channels of communication opened. A chance meeting with the Punjab Chief Minister was converted into an opportunity to plead the case for MISP.

Mini-hurdles like the transfer of the DG at the provincial level were tackled swiftly, without loss of time and the process regenerated to avoid losing the progress already achieved.

All provincial disaster management plans include MISP as SOP

Rahnuma FPAP’s one of the greatest advocacy achievement of 2012 is the inclusion of MISP in the provincial disaster management plans of all provinces including FATA, AJK and Gilgit Baltistan.
Simultaneously, pressure was continued to be built from the bottom up by taking the advocacy campaign to the implementers at the level of the line departments, and raising their awareness, and consequently demand for MISP. These efforts led to success in the form of a formal notification from PDMA Punjab to incorporate MISP in their disaster management plans. This proved to be the first drop of rain, metaphorically speaking. It led almost to a domino type effect and all other provinces and regions followed suit one after the other in quick succession. Much work, commitment and intense advocacy went behind these notifications, but the momentum that was building was not allowed to slip and one success followed another.

In the Post-Eighteenth Amendment scenario, the provinces are the real implementers therefore this string of notifications translated into a major achievement. Thus as far as the ultimate objective of improving the health care of women and children during emergencies was concerned, this was a major step forward, but strictly in terms of project objectives, a written endorsement from the NDMA was still pending.

Armed with provincial and regional notifications, commitments from donors, demands from the line departments and pressure from other partners and the media, and assurances to address their reservations, the NDMA was re-approached. This time the attempt was successful.

The mandate of the advocacy project was to incorporate MISP into disaster management plans. However translation of policy into practice is the next crucial step. While it is not part of the project, taking cognisance of the importance of this step, Rahnuma-FPAP began negotiating with partners to initiate trainings, funding for MISP packages and talking with line departments to offer assistance where necessary, dovetailing into future projects or even Rahnuma-FPAP’s core programmes.

The success of the advocacy project must not be allowed to be wasted until real life improvements in the care of women and children in emergencies as a result of successful practice and implementation of MISP. Cooperation of all partners viz. parliamentarians, INGOs, media and CSOs is needed to accomplish this.

**Enhanced political and financial support for SRHR**

The government of Khabar Pashtoon Khw allocated funds from provincial budget for population welfare programs as a result they were not just able to continue providing services as per the existing program requirements but were also able to extend it by establishing 100 more clinics in the province. After devolution the federal government allocated a certain amount for population welfare departments to meet their salaries/personnel requirements. Rahnuma-FRP is campaigning with provincial governments as well as national government to prioritise population welfare programs in their provincial budgets so the deficit will not effect the provision of services. The campaign will continue till all provinces allocate adequate funding for population welfare programs. We have also been informed by the Planning Division (National Federal Government) that they shall continue to fund the FP program till 2014 (including the program part) as a result of our continuous advocacy efforts with them.

Rahnuma-FRP using special presentations has conducted many workshops for decision makers and bureaucrats emphasizing the link between population and development.

**Advocacy for Youth SRH Rights**

Rahnuma-FRP is undertaking extensive policy advocacy for Sexual Reproductive Health rights and services at national and provincial level with policy makers and key stakeholders. The focus of policy advocacy for young people has been on child marriage, comprehensive sexuality education and Sexual Reproductive Health and rights.

The concept and status of adolescent and young people’s sexual and reproductive health is always ignored and is at preliminary stage at policy level. Rahnuma-FPAP is continuously advocating for strengthening commitment to Sexual Reproductive Health and Rights, needs of young people and address discrimination and barriers to SRHR Services.
Advocating for improved Maternal and New born Health & Sexual Reproductive Health policy and practice for adolescent girls and young mothers (AIMS) project is aimed at research based policy advocacy at national and provincial level for inclusion of MNH & SRH specific policies for adolescent girls and young mothers. The project methodology included intensive lobbying and consultative process with the stakeholders at district, provincial and national level.

During 2012, the project held eight consultative workshops with the community leaders and consultative workshops with the District Government departments for improving MNH & SRH situation for young women in Muzaffargarh, Mardan, Badin and Quetta district working groups comprising of relevant district government departments have been formed in the target districts to carry forward the efforts of improving SRH & MNH status of young women. At provincial level eight consultative workshops with the electronic and print media representatives were held to sensitize them and solicit their support for policy and program improvement regarding MNH & SRH of adolescent girls and young mothers in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan. Provincial Chapters of Rahnuma Media Network have been established in the afore mentioned provinces for motivating and mobilizing policy makers for improved policy making regarding SRH & MNH of young women.

Four provincial workshops with the Parliamentarians, Government Departments and CSOs were held in Lahore, Karachi, Peshawar and Quetta to advocate for adolescent specific Maternal and New born Health & SRH policies and programs at provincial level. All these advocacy efforts were then consolidated in a National Consultative workshop in Islamabad in November with the participation of parliamentarians from the four provincial assemblies, Provincial and Federal Governments’ officials, Media representatives and CSOs. A National Parliamentary Caucus was formed during the consultative workshop to advocate for improving SRH & MNH policies and programs for adolescent girls and young mothers. The project has achieved an extraordinary success and contacted 1100 stakeholders against the given target of 500 during its advocacy activities.

Resolutions were drafted to address adolescents as special target group; to include services for adolescents and young mothers in job descriptions of para medical healthcare providers; and to include special education package for adolescents and young mothers in training courses of para medical staff.

Caucus members tabled this resolution in all provinces the KPK parliament passed the resolution.

Another resolution was drafted by Rahnuma FPAP asking for raising the age of marriage for girls from 16 to 18; making the laws more punitive in order to make them effective. The bill has been tabled in Sindh Assembly in partnership with other organization. Efforts continue for this campaign.
Increasing access to comprehensive, gender-sensitive, rights-based sexuality education

Rahnuma-FPAP developed sustainable alliance with the key partner organizations, government officials from different ministries and Rahnuma-FPAP National Youth Network members to advocate for CSE at national and provincial level. In this regard first consultative meeting was held in Lahore. The meeting focused on developing of sustainable advocacy network with key stakeholders to promote CSE and undertake national and provincial advocacy activities.

A number of lobbying meetings with National Education Curriculum wing, Provincial education departments and Parliamentarians of Punjab and Sindh to advocate for CSE and make it a priority on their agenda. As a result commitments have been solicited from the parliamentarians for putting forward the question of CSE in front of policy makers and demand positive action.

A comprehensive documentary based on interviews of adolescent and young people, community stakeholders and policy makers regarding CSE has been developed to use as an effective advocacy tool.

The CSE alliance is working together for the adaptation of “It’s All in One Curriculum” framework to the Pakistani context. A task force has also been formed with the key organizations working on youth SRHR in country, which includes UNFPA, WPF, Aahung, Rozan, Oxfam, Plan Pakistan and Women Empowerment Group. A series of consultative meetings on framework were conducted with CSE alliance and task force members for the finalization of the CSE framework for Pakistan. The Framework “Comprehensive Health and Rights Education in Pakistan” has been developed and printed. The purpose of such detailed deliberation for a year was to develop a comprehensive and acceptable framework that all stakeholders agree to and will together advocate for the public institutions.

To provide the comprehensive sexuality education to the secondary school children based on framework for Pakistan, training manual for the teachers and gender segregated handbooks for students in Urdu and English have been developed and printed. The manual and handbooks have also been reviewed by the CSE Alliance and CSE Task force members as well as by the teachers and education departments in Chakwal and Muzaffarabad and feedback was incorporated in the material.

Furthermore, Training manual for peer educators and gender segregated peer-educators tool kits in Urdu have been developed and printed for the out-of-school youth’s comprehensive sexuality education.

To sensitize and provide preliminary information to adolescents and young people pictorial booklets, leaflets on CSE have been developed, printed and distributed among young people.

On the recommendation by Rahnuma-FPAP National Youth Network, a short booklet in English and Urdu that explains the SRH Rights in the context of young people in a youth friendly language, has also been developed and printed.

Sessions on Comprehensive Sexuality Education were successfully conducted in Mardan, Muzaffarabadi and Chakwal. These sessions were conducted on monthly basis, to educate the young people in a comprehensive and structured manner. On average 15-20 participants attended each session. Total 1920 young people attended sessions in year 2012 at all three locations.

In order to solicit community support and advocate for inclusion of Comprehensive Sexual Education as an essential part of education curriculum major efforts has been made. A comprehensive training on the CSE framework has been imparted to National Youth Network (NYN) members to build their capacity as advocates of Comprehensive Sexuality Education and spread the message in the communities through peer education.
In order to mobilize and involve policy makers in advocacy against child marriages and to mobilize public support, an advocacy kit highlighting real life stories of survivors, factors that reinforce child marriage, traditions that promote child marriage in Pakistan, health cost of early sexual initiation and early pregnancy and prevailing situation of Pakistan’s legal framework has been developed and printed.

An Interactive dialogue between youth and policy makers on Child Marriage was conducted in Lahore. This dialogue was organized with the objectives of exposing the youth to the parliamentarians, to share suffering of victims of child marriage and highlighting the inadequacies of the existing law and the lack of implementation thereof and solicit commitment from the policy makers for the revision in the child marriage law to make it more punitive and ensure gender equality.

A media workshop on child marriage was conducted for mobilization and involvement of media in advocacy against child marriage for mobilizing public support and pressurizing policy makers to address this neglected issue.
Skill Development:
Promoting economic empowerment of women is one of the key components of a women empowerment program. Improved economic status of women leads to an increased role in decision making, improved confidence and mobility and most of all better living conditions of the entire household. In lieu of this, Rahnuma-FPAP established three KATO women development Complex at Quetta, Haripur and Azad Jammu and Kashmir are providing an effective platform for marginalized women of these underserved areas to learn and market their skills leading to enhancement of their economic status in families. This has proven to be an effective strategy in reaching out to women who otherwise would be inaccessible and 3900 women have benefited.

Awareness Raising Sessions on SRH&ER
Rahnuma-FPAP works to improve access of women, men and young people including diverse groups and disaster affected persons to SRH services through static and mobile units and by reducing socio-cultural and economic barriers. Reduction in socio-cultural barriers the access SRHR information education and services is to be achieved by enhanced awareness about SRHR needs among young girls and women people, creation of an enabling environment leading to increased uptake of SRH services. For this purpose 52 awareness raising sessions were organized with 1670 women and community members to sensitized about women’s rights reproductive rights, GBV and family planning and essentiality of their equal position in society. International women’s day was celebrated at all program locations with zeal and zest. The celebration was included family fairs, various stalls with women’s products. 1725 women were attended.

GBV counseling & Screening
Gender based violence is an ugly menace that has distorted the social fabric of society by subjugating women. In line with its vision to create an enabling environment for empowering women, Rahnuma FPAP has started GBV counselling services in Baluchistan region through twenty four hour telephonic help line and providing medico-legal referral information and services to combat gender based violence.

Gender-Based Violence During Pregnancy aims to protect the rights and entitlements of women who are at risk of, or are experiencing GBV with a specific focus on pregnant women. Through this intervention it addresses the infringement of rights of women who experience violence during pregnancy and the absence of effective institutional responses to protect women at risk of violence. The nature of violence is varied and includes food deprivation, physical isolation and refusal of access to SRH services and other health facilities, as well as physical beatings, rape, dowry related deaths, early marriage etc.

Swaran Project:
Reaching the survivors of coerced marriages and violence in Pakistan: In a throwback to medieval time, Swara’s blood price is still practiced in Pakistan. Women and girls, even babies in their cradles, are given away in marriage as compensation for crimes committed by their men folk. In the powerful Pashtun community, Swara is a means of preventing bloodshed in cases of ‘honour crimes’. Swara is an accepted dispute resolution mechanism.
The objectives of the intervention include facilitating a change in community perception of Swara and Gender Based Violence, generate support for SRHR and promote gender equality among stakeholders and partners, increase access to SRHR services to Swara girls/women including their families and to contribute towards increased knowledge on Islamic teachings relating to SRHR, Swara and gender equality. Jirga members and religious opinion makers are key partners in this initiative.

Poverty Alleviation Program
Rahnuma-FPAP’s experience over the years has affirmed the right to development not only as an end in itself but also as a means to taking forward Rahnuma-FPAP’s social development activities which promote the alleviation of poverty and improve the status of women and youth. Alleviation of economic deprivation is therefore an integral component of Rahnuma-FPAP’s holistic development module.
The program has served 160,704 women, men and youth at seventeen locations across the country. The program has achieved 74% of targets by providing micro-credit facility to 18,613 beneficiaries across the network, in 2012. Integration with core activities is an integral component of this program, thus 72 medical camps were organized in PAP working areas, where 7,253 beneficiaries availed the services of CYP, FP, RH and general health. As part of program planning awareness raising sessions on FP/SRHR were conducted with all 18,613 beneficiaries at the time of program introduction and group formation meetings. Fifty two awareness raising sessions were conducted with 1,565 beneficiaries on FP/ SRHR in PAP working areas.
Advocating for adolescent and youth reproductive health concerns to be included in provincial health policies (Punjab and Sindh) in Pakistan.
by Ms. Zeelira Kamal, year 2012

Develop policy brief and IEC material for policy advocacy regarding MNH and SRH policy and practice for adolescent girls and young mothers after reviewing the policy research reports.
by Ms. Saira Ali, year 2012

Develop policy advocacy material regarding MNH and SRH policy and practice for adolescent girls and young mothers after reviewing the policy research reports.
by Dr. Nazmeen A. Hamid, year 2012

Advocating for improved MNH and SRH policy and practice for adolescent girls and young mothers (ALMs) Expanding choices and opportunities for young people especially young married girls in Pakistan.
by Dr. Nazhar Mahmood Abbasi, year 2012

End Evaluation of Addressing vulnerability of young girls and women to Gender Based Violence through strengthened services and improved capacity of health care providers and stakeholders in flood affected res of Pakistan for 10 Districts.
by Ms. Ayesha Ikram, year 2012

by Dr. Haider H. Zaidi, year 2012

Survey for Estimating PMSEU Clients Survey by MER Rahnuma-FPAP.
by MER section, FPAP, year 2012

End Evaluation of Swara Project Women as Compensation reaching the survivors of coerced marriages and violence in Pakistan.
by Mr. Rafiq Jaffer, year 2012

Client Exit Interview survey by MER Rahnuma FPAP.
by MER section, FPAP, year 2012
Publications 2012

Annual Report 2011

In order to mobilize and involve policy makers in advocacy against child marriages and gathering public support, an advocacy kit to serve as an advocacy tool and resource material has been developed. The advocacy kit highlights real life stories of survivors, factors that promote and reinforce child marriage, traditions that promote child marriage in Pakistan, health cost of early sexual initiation and early pregnancy and focuses on the prevailing situation of Pakistan's legal framework.

Annual Calendar 2013

To provide information and education to the young people regarding their rights, Rahnuma developed booklet on young people rights.

To publicize the Rahnuma FRP youth helpline brochures have been develop.

09 to 13 years

To provide the information and education to the Adolescents regarding health, hygienize and life skills based education.

14 to 16 years

To provide the information and education to Young Girls regarding Puberty, Hepatitis and HIV/AIDS and sexual abuse.

17 to 19 years

To provide the information and education to Young Boys regarding early marriages and puberty.

09 to 13 years

To provide the information and education to the Adolescents regarding health, hygienize and life skills based education.

14 to 16 years

To provide the information and education to Young Boys regarding Puberty, Hepatitis and HIV/AIDS and sexual abuse.

17 to 19 years

To provide the information and education to Young Boys regarding early marriages and puberty.

To sensitize and provide preliminary information to adolescents and young people pictorial booklets on health hazards of early/child marriage have been develop.

To sensitize and provide preliminary information to adolescents and young people pictorial on booklets on “comprehensive health & rights education” have been developed.
In order to advocate SRH and HIV integration developed & printed 8 posters in Urdu and 8 posters in English according to the recommendations of rapid assessment report of Pakistan.
To trained the teachers, to provide the Comprehensive Health & Rights Education to the in school adolescents/youth, training manual for teachers have been developed.

Rahnuma-FRAP Developed a standardize set of rules, methods and procedures which serves as a guideline for the provision of Youth Friendly Services in respective provinces of Pakistan.

The purpose of advocacy kit and policy briefs is to provide comprehensive information regarding youth reproductive health concerns and also the existing policy gaps to facilitate policy makers to take appropriate actions to address these reproductive health concerns in the Punjab and Sindh Health Policy.

To provide the Comprehensive Health & Rights Education to the secondary school children, gender segregated handbooks for students in Urdu and English have been developed.

To provide the Comprehensive Health & Rights Education to the out of school adolescents/youth, gender segregated tool kits in Urdu and English have been developed.
Achievement
SRH/FP Services 2011-2012

Performance Indicators

A. Family Planning
   Couple Years of Protection 530517  647727
B. Safe Motherhood
   Anti-natal    259806  286101
   Natal        74267   70388
   Post Natal   77704   98435
   Total Safe Motherhood 411777  454924
C. Reproductive Health Services
   Infertility   37336   47232
   Pap Smear     1230    9763
   Breast Problems 44864  50912
   Menarche     61541   70292
   Menopause Problem 36567  43120
   AIDS/HIV     38753   54690
   RTIs         91551  103045
   STDs         37886   52080
   Unsafe Abortion 12987  23898
   Others       81704   67016
   Total RH Services 444419  522048
D. General Health Services
   General Treatments
      Children   182396  216608
      Adult      344107  360929
   Immunization
      Children   123248  149590
      Adult      117639  92264
   Pathological Tests
      Ultra Sound 161497  189467
   Urine Test
      Pregnancy Test 74148  82657
      Sugar Test    43946  38205
      Albumen Test  39422  34958
      Complete Urine Test 51150  54068
   Blood Test
      Haemoglobin Test 51319  47755
      Complete Blood Test 53057  45343
      Semens Test   6871   3896
      Others       132940  160576
   Total General Health Services 1382740 1476316

Method Wise Distribution
Performance Trend (2011-2012)

New Acceptors

RH & Life Span Services

Life Span Services
Independent Auditors' Report to the National Council of Family Planning Association of Pakistan

We have audited the annexed balance sheet of Rahuma Family Planning Association of Pakistan ("the Association") as at December 31, 2012 and the related statement of income, expenses and changes in fund balances and statement of functional expenses together with the notes forming part thereof (here-in-after referred to as the financial statements) for the year then ended.

It is the responsibility of the management to establish and maintain a system of internal control, and prepare and present the financial statements in conformity with the financial reporting framework as described in note 2 to the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the auditing standards as applicable in Pakistan. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as, evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements present fairly in all material respects the financial position of Rahuma Family Planning Association of Pakistan as at December 31, 2012 and of its net income for the year then ended in accordance with the financial reporting framework as described in note 2 to the financial statements.

Chartered Accountants
Engagement Partner: Imran Afzal
Lahore
Dated: April 26, 2013
### RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN

Statement of functional expenses
**For the year ended December 31, 2012**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>2012</th>
<th>2011</th>
<th>Total</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rupees</td>
<td>US $</td>
<td>Rupees</td>
<td>US $</td>
<td>Rupees</td>
<td>US $</td>
</tr>
<tr>
<td><strong>DIRECT PROJECT EXPENSE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel and employee benefits</td>
<td>227,645,785</td>
<td>2,568,032</td>
<td>240,302,785</td>
<td>2,782,234</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traveling expenses</td>
<td>98,395,139</td>
<td>1,084,396</td>
<td>106,094,139</td>
<td>1,189,280</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle running cost</td>
<td>25,984,481</td>
<td>278,319</td>
<td>25,705,941</td>
<td>277,491</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>6,025,936</td>
<td>69,684</td>
<td>6,095,029</td>
<td>66,985</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy cost</td>
<td>5,994,767</td>
<td>102,527</td>
<td>6,097,292</td>
<td>103,325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>9,786,383</td>
<td>82,284</td>
<td>9,868,666</td>
<td>82,824</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultancy and other professional fees</td>
<td>39,782,833</td>
<td>430,384</td>
<td>40,213,215</td>
<td>433,048</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical consumables</td>
<td>25,981,346</td>
<td>289,134</td>
<td>26,238,480</td>
<td>293,474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair and maintenance</td>
<td>41,009,191</td>
<td>458,633</td>
<td>41,467,824</td>
<td>463,048</td>
<td></td>
<td></td>
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<tr>
<td>Referral Fee</td>
<td>124,445</td>
<td>1,445</td>
<td>306,639</td>
<td>3,771</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training / workshop / seminar</td>
<td>6,092,666</td>
<td>69,468</td>
<td>6,785,607</td>
<td>76,371</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational cost</td>
<td>26,608,716</td>
<td>304,425</td>
<td>26,913,141</td>
<td>312,430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIC material</td>
<td>8,910,032</td>
<td>56,286</td>
<td>9,066,318</td>
<td>56,505</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursable write off</td>
<td>832,768</td>
<td>9,097</td>
<td>841,865</td>
<td>9,122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for doubtful receivable</td>
<td>6,744,166</td>
<td>72,041</td>
<td>7,466,207</td>
<td>79,563</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle, office equipment and furniture</td>
<td>12,792,414</td>
<td>138,248</td>
<td>12,930,663</td>
<td>141,995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance of assets</td>
<td>2,460,333</td>
<td>26,010</td>
<td>2,516,343</td>
<td>26,122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank charges</td>
<td>236,893</td>
<td>2,592</td>
<td>252,488</td>
<td>2,662</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit fee 32</td>
<td>374,860</td>
<td>4,317</td>
<td>379,177</td>
<td>4,481</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>10,858,685</td>
<td>117,544</td>
<td>11,055,299</td>
<td>120,085</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total direct project expenses</strong></td>
<td>918,379,373</td>
<td>5,601,206</td>
<td>953,767,522</td>
<td>5,676,241</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indirect project expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptives</td>
<td>519,166</td>
<td>5,516</td>
<td>1,301,699</td>
<td>13,070</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indirect project expenses</td>
<td>519,166</td>
<td>5,516</td>
<td>1,301,699</td>
<td>13,070</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>918,898,539</td>
<td>5,606,722</td>
<td>955,069,221</td>
<td>5,689,312</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above items 1 to 26 form an integral part of these financial statements.

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### RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN

Notes to the financial statements
**For the year ended December 31, 2012**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (in Rupees)</th>
<th>Amount (in US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 AUDIT FEE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual</td>
<td>5,100,000</td>
<td>544,298</td>
</tr>
<tr>
<td>Rate</td>
<td>4,100,000</td>
<td>464,083</td>
</tr>
<tr>
<td>Interest at 12% per annum</td>
<td>1,000,000</td>
<td>10,965</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,205,000</td>
<td>1,105,331</td>
</tr>
<tr>
<td>33 EVENTS AFTER BALANCE SHEET DATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Executive Committee in its annual general meeting held on December 25, 2012, approved one unmodified gestating scheme for the employees of the Association.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under the scheme, the amount of gestating payable to eligible personnel shall be based on the following terms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service in years</strong></td>
<td><strong>Financial gestating</strong></td>
<td></td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>35% of salary, 1% of income or 5% of income</td>
<td></td>
</tr>
<tr>
<td>Over 5 years</td>
<td>50% of salary, 2% of income or 7% of income</td>
<td></td>
</tr>
<tr>
<td>The above gestating is applicable with effect from January 1, 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on the above policy, required number of employees for gestating for the year 2013 was calculated as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>34 NUMBER OF EMPLOYEES AND THEIR EMPLOYMENT:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>35 DATE OF AUTHORIZATION:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These financial statements were authorized by the Board on 26/01/2013.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**36 GENERAL**

<table>
<thead>
<tr>
<th>Notes</th>
<th>Amount (in Rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remarks</td>
<td></td>
</tr>
<tr>
<td>26A</td>
<td>Figures have been rounded off to the nearest multiple of 5.</td>
</tr>
</tbody>
</table>

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**76**

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**77**

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**77**
Members of National Council

L to R 1: Dr. Amir Bakhsh Baloch, Mr. Abdul Ali Gopang, Mian Abdul Hameed, Mr. Bilal Ashraf, Mr. Ziaullah Khan Bangash, Haji Sattar Gull, Ms. Razia Begum, Syed Shabbir Hussain, Nawab Wali Muhammad

L to R 2: Ms. Amina Ansari, Ms. Rukhsana Ahmed Ali, Ms. Mehbooba Nisa, Mr. Mustafa Hussain Siddiqui, Mr. Saeed Ahmed Qureshi, Ms. Mehtab Akbar Rashdi, Begum Surayya Jabeen, Ms. Ayesha Taslim, Dr. Neelum Jehan

L to R 3: Ms. Zohra Aslam, Mr. Danish Hameed Afaqi, Syed Kamal Shah, Ms. Faiza Aziz, Syed Hasan Ali Shah, Ms. Humaira Aziz
Youth Friendly

This means you have the RIGHT to:

- Protection from violence
- Information from your service provider
- Free and informed consent
- Male and female health services
- Not to be discriminated on the basis of your age, gender, sexual orientation, gender identity, parentage, religion, race, or any other basis.

Youth Help Line
0800 44488

Rahnuma-Family Planning Association of Pakistan
3-A, Temple Road, Lahore-54000, Pakistan
UAN: +92 42 111 22 33 66,
Fax: +92 42 36368692
www.fpapak.org,
email:info@fpapak.org

designed by: mjhanglei@gmail.com